

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	luap		8/23/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	201	879	10-02-00
RESPONSE FORMALITY REVIEW	CHM	47477	11/22/00

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	1/1/02
Original	1/1/02
1	1/1/02
2	2/1/03
3	3/1/03
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Claim	Date
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If more than 150 claims or 10 actions  
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